



Denise Juneau, Superintendent  
Montana Office of Public Instruction  
PO Box 202501  
Helena, Montana 59620-2501  
www.opi.mt.gov  
ATTN: Educator Licensure

## INSTITUTIONAL EVALUATION AND RECOMMENDATION FOR CLASS 6 (SPECIALIST) LICENSE: SCHOOL PSYCHOLOGY

Complete this form only if applying for a Class 6 License. If not, please discard. The recommending institution must have an NCATE accredited or state board approved professional educator preparation program.

Last Name	First Name	Middle Initial	Former Name(s)	
Mailing Address: (Street, RFD, PO Box)		City	State	ZIP

**To THE APPLICANT:** The complete application must be sent to the Dean of Education of the college granting your professional degree or the college where you plan to complete professional requirements. The application must be accompanied by a complete set of official transcripts for the Dean's review. **THESE TRANSCRIPTS MUST BE ATTACHED TO THIS FORM** to become part of the completed application.

**To THE INSTITUTION:** (To be completed by the Dean of Education or other appropriate official.) Make your evaluation with reference to your own approved program in school psychology and Montana's minimum standards as listed below:

### SCHOOL PSYCHOLOGIST ENDORSEMENT

1. Basic Education: Master's degree in school psychology or equivalent related area	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	<b>Completed Course #</b>	<b>Semester Credits</b>	<b>Quarter Credits</b>	<b>Check if Deficient</b>
2. 10 semester (15 quarter) credits in general education/psychology (graduate or undergraduate) training to include:				
a. new careers or transitions	_____	_____	_____	_____
b. human growth and development	_____	_____	_____	_____
c. general psychology	_____	_____	_____	_____
d. educational psychology, and	_____	_____	_____	_____
e. abnormal psychology	_____	_____	_____	_____
3. Education program: (undergraduate or graduate credit)				
a. exceptional children (must include special education)	_____	_____	_____	_____
b. curriculum development	_____	_____	_____	_____
c. diagnosis and remediation of reading	_____	_____	_____	_____
d. educational evaluation, and	_____	_____	_____	_____
4. Psychological methods and techniques: (graduate credit)				
a. individual intelligence testing	_____	_____	_____	_____
b. child (psychopathology)	_____	_____	_____	_____
c. personality assessment	_____	_____	_____	_____
d. interviewing and counseling	_____	_____	_____	_____
e. behavior modification	_____	_____	_____	_____
f. school psychology practicum/internship (a minimum of 4 semester hours or appropriate waiver)	_____	_____	_____	_____
g. administration, role and function of school psychology	_____	_____	_____	_____

I hereby certify that (applicant's name) \_\_\_\_\_

☐ has satisfactorily completed the approved program requirements of this institution, has met Montana's minimum course requirements and is academically eligible for a Class 6 (specialist) license.

☐ has satisfactorily completed the approved program requirements of this institution but HAS NOT met Montana's minimum course requirements.

☐ is NOT recommended for licensure. Please attach statement.

Signature \_\_\_\_\_

Institution \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Phone \_\_\_\_\_